PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

35C15131

	C	LAIMS AS	FILED - P				SMALL EN	PE		OTHER THAN OR SMALL ENTITY		
								RATE	FEE		RATE	FEE
A111472					NUMBER	EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00
FOR			NUMBER FILED 32 minus 20=		. 12			X\$ 9=		OR	X\$18=	216
					*	1					X80=	400
INDEPENDENT CLAIMS 9 minus 3				us 3 =	<u> </u>			X40=		OR		140
MUL	MULTIPLE DEPENDENT CLAIM PRESENT						į	+135=		OR	+270=	4 (0.)
* If t	he difference ir	er "0" in co	lumn 2		TOTAL		OR	TOTAL	1406			
CLAIMS AS AMENDED - PART II)	SMALL	ENTITY	OR	OTHER SMALL	
		(Column 1) CLAIMS REMAINING		HIG NU	HEST MBER	Column 3 PRESENT	1	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
AMENDMENT A		AFTER AMENDMENT			D FOR	EXTRA	1		FEE	-	ļ;	FEE
	Total	.30	Minus	** 0	32	= \		X\$ 9=	100	OR	X\$18=	
	Independent	. //	Minus	***	9	=)		X40=		ОЯ	X80=	
₹	FIRST PRESENTATION OF MULTIPLE DEPENDE				NT CLAIM			+135=	1. 1.	OF	+270=	1
	and the second s						ê T	TOTAL			TOTA	L A
									**	10	ADDIT. FE	E V
		(Column 1			lumn 2)	(Column	3)			-	k o	ADDI-
6		CLAIMS REMAINING	-	N	GHEST UMBER	PRESENT		RATE	ADDI- TIONAL		RATE	TIONAL
ENDMENT		AFTER AMENDMEN		PRE P/	VIOUSLY AID FOR	EXTRA			FEE	1		FEE
	Total	· 30		**	32	=		X\$ 9=	Ne per	O	X\$18=	
	Independent	. 7	Minus	***	9	<u> </u>		X40=		0	R	
AME	FIRST PRESENTATION OF MULTIPLE DEPEN			PENDE	NT CLAIM		_	+135=	10 00 00 00 00 00 00 00 00 00 00 00 00 0	11.	+270=	
-								TOTA		4	L	
1								ADDIT. FE	Ē	၂၀	ADDIT. F	EEL
1		(Column	ov VS	(C	olumn 2)	(Column	3)		20 1 1 2	Y .		
		CLAIMS			IIGHEST NUMBER	PRESEN		RATE	ADDI		RATI	ADDI-
		AFTER AMENDME			EVIOUSLY PAID FOR	EXTRA			FEE			FEE
AMENDMENT	Total	*	Minus	**	ŧ	=		X\$ 9=		0	R X\$18	= /
	Independent	para de la companya del companya de la companya del companya de la	Minus	•••		=		X40=		\Box_{c}	R X80	=
3	FIRST PRESENTATION OF MULTIPLE DEPEND			ENT CLAIR	И.		+135=		7	R +270	=	
-	the sales in onlymn 2				write "0" in 4	oolumn 3.		L		_	, TO	TAL
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate in the second se											ADDIT.	FEE L
	""If the "Highest I	Number Previou umber Previous	sly Paid For" IN T ly Paid For" (Tota	i HIS SP 1 or Inde	ependent) is t	he highest n	umb	er found in the	appropriate	box i	n column 1.	
- 1	THE THURST		•					•				

FORM PTO-875